

*Integrated Performance  
Monitoring Report  
Sustainability Report  
Performance Period July 2005-September 2005*

*October 2005*

STATE OF HAWAII  
Department of Education  
Department of Health  
Child and Adolescent Mental Health Division  
Early Intervention Section

# *Integrated Performance Monitoring Report*

## *Department of Education*

## *Department of Health*

### *July 2005-September 2005*

## Introduction

This quarterly performance report reflects the continued commitment of the Departments of Health and Education to provide a comprehensive system of educational, behavioral and mental health supports and services to students who require those services to benefit from their educational opportunities. This Integrated Performance Monitoring Report, produced quarterly, provides information to all stakeholders regarding the maintenance of the critical infrastructure and level of system performance.

The July to September 2005 period represents the first full fiscal quarter since the termination of federal court oversight for services for emotionally disabled students. This report provides the most recent data available regarding services to youth with special needs in Hawaii. To provide continuity of information available for public monitoring of the system's functioning, this report continues in form and content as it has over the previous three years. The quarterly analysis and publication of trends in a wide array of population, service, and performance indicators is a key mechanism for public recognition of system strengths and early detection of signs of emerging weakness.

## Key Activity Focus

Although the Departments of Education and Health implement many initiatives each quarter, some activities are closely tied to the core system infrastructure and operations. This section provides a brief characterization of a few of the "Hot Topic" issues and immediate concerns addressed by these departments.

The Departments of Education and Health have been actively engaged in revising their Interagency Performance Standards and Practice Guidelines. These standards describe the types of services available, the requirements for operation, and the procedures for interaction among the various public, private, and consumer stakeholders. The practice guidelines also establish the best practices, evidence-based services, and most promising interventions for many of the challenges faced by youth and families. Many stakeholder groups have been involved in drafting, reviewing, and revising this document, which is scheduled for completion next quarter.

Over the past decade, the consent decree provided a basis and rationale for justifying a number of exemptions and exceptions from standard state procedures. The termination of the consent decree requires continued effort to reintegrate these exceptional procedures with standard procedures. Accordingly, the Department of Health is actively working to realign the many positions that were exempted from the civil service system with the appropriately designated civil service positions. At the same time, the department

continues to actively work on formalizing the remaining structural reorganization that was conducted under the consent decree.

## Progress on Key System Commitments

The previous report identified several issues as key commitments to maintaining the system following the period of federal court oversight. To promote continuity in awareness and evaluation of these commitments, brief status summaries are provided for each.

1. *The system will continue to hire and retain qualified teachers and other therapeutic personnel necessary to educate and serve children consistently.*

For this reporting period, the Department of Education has placed more than 2,082 special education teachers in the classrooms throughout the state. The Department continues to recruit and hire qualified teachers to meet the ongoing needs of our special needs population. More than 80% of School-Based Behavioral Health services continue to be provided to students by employee based personnel within the Department and the balance through contracted providers.

2. *The system will continue to purchase the necessary services to provide for the treatment of children appropriate to the individual needs of the child.*

The number of students identified with Autism Spectrum Disorders (ASD) in the State continued to increase. From September 2004 to September 2005, there has been a 10% increase in the number of identified students with ASD. This presented a greater demand for intensive services to meet the individual needs of these students.

New contracts with private agencies for the array of intensive services that the Department of Education does not presently have the capacity to provide were awarded to begin on October 1, 2005.

The Child and Adolescent Mental Health Division experienced a slight decrease in the total number of youth registered for services and in new admissions, but the amount of services provided remained stable, as did the number of discharges. This reduction reflects a seasonal fluctuation and the total number of registered youth is greater than the same period of last year.

3. *The system will monitor itself through a continuous quality management process.*

This report provides evidence of the ongoing implementation of quality review and management. System monitoring and improvements are driven by decisions made as the result of outcome driven quality assurance practices. Previous and current performance data is available through

Departmental websites: (<http://165.248.6.166/data/felix/index.htm> and <http://www.hawaii.gov/health/mental-health/camhd/index.html>).

4. *The system will ensure teachers, therapists, and other support staff continue their professional development and improve their skills and knowledge of effective educational and therapeutic methods and techniques.*

The Department of Education conducted numerous seminars and training for teachers in data collection and analysis, classroom management, and the referral process. Online courses were offered statewide for teachers in a variety of subject areas to improve classroom instruction. Technical assistance by resource teachers were conducted with follow up observation and visits with special education and regular education teachers. Training for educational assistants continued to be offered this quarter to meet the requirements of the “No Child Left Behind” Act.

The Departments of Health and Education both implemented and participated in professional development activities during the quarter. Among the highlights were training in best practices in residential care, evidence-based practices for disruptive behavior, and mentoring of quality review and monitoring.

## Integrated Monitoring

A retreat of the Statewide Quality Assurance Committee to review the initiatives conducted over the past year, make refinements to current QA practices, discuss a formal Memorandum of Agreement for quality assurance between the Departments of Health and Education, and to set goals going forward. The roles and responsibilities of the Statewide QA Committee were revisited regarding monitoring system quality including the statewide infrastructure for monitoring; identification of emerging issues and corresponding recommendations for improvement and/or training; and engagement in targeted system improvement activities.

A significant addition to QA is the inclusion of other child-serving agencies, which was set as a goal in last year’s retreat. In attendance, in addition to CAMHD and DOE representatives, were participants from Child Welfare (Department of Human Services), Developmental Disabilities Division and Early Intervention Section (Department of Health), and Hawaii Families as Allies. An orientation and training for these new members was conducted.

Adjustments to the Internal Review process were finalized during the quarter. This school year, all complexes, including the Charter Schools, have been divided into three groups with each group rotating through a three-year cycle. All complexes will be reviewed annually either by external monitors, or school/complex personnel and mentors. The benchmark for both types of review will continue to be an 85% score on overall system performance.

A majority of the complexes have completed training and internal reviews have been scheduled for the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarter. The results of these reviews will be reported in upcoming quarterly reports.

## Report Format

Following this brief introductory overview, the report format is as follows. The second section report describes the schedule of the Integrated Monitoring to be conducted by the DOE and DOH during the upcoming year. Complexes and Family Guidance Centers conduct this evaluation of system performance through aggregated data and results of case-based reviews. Community members also participate in the reviews that continue to provide information for local service delivery improvements. Future reports written for public consumption will combine information on Internal Reviews and the Statewide Quality Assurance system into a new section titled Integrated Accountability System.

The third section presents information specific to the DOE. This section has two major sections: Infrastructure and Performance.

The fourth and fifth sections contains information specific to the Department of Health (DOH). Within this section are reports from Child and Adolescent Mental Health Division and Early Intervention Services.

Within each of the sections, primarily in the summary, the Departments include their specific commitments to address issues that are identified. For issues related to Integrated Performance Monitoring, both Departments make the improvement commitments jointly.